

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 301130 (1)

1. Corporation Name

PAPAGAYA MOTEL, INC.



Principal Place of Business

Mailing Address

P.O. BOX 1466
CRESTVIEW FL 32536

P.O. BOX 1466
CRESTVIEW FL 32536

2. Principal Place of Business

2a. Mailing Address

21 3101 South Feron Blvd.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 City & State

28 City & State

24 City & State

29 City & State

25 Country

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

POWELL, GILLIS E.
FIRST NATIONAL BANK BLDG
JOHNS SIMS PARKWAY
NICEVILLE FL 32578

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1502, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Receiver of Change)

(Signature of Registered Agent or Receiver of Change)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME
2. TITLE
3. STREET ADDRESS
4. CITY-STATE-ZIP
5. NAME
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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

H.M. MELTON

H.M. MELTON

1-16-96

904-682-6255

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)